



Mission Trip Application

(For Our Records Only)

*Please Print.

Full Name: _____
As it appears on passport (First) (Middle) (Last)

Current Address: _____
Street City State Zip

Home Phone: _____ **Cell Phone:** _____

Age: _____ **Birthdate:** _____ **Citizen of (Country):** _____

Passport Number: _____ **Issue Date:** _____ **Exp. Date:** _____

Marital Status: Single Engaged Married Separated Divorced

Sex: Male Female **Email:** _____

In Case Of Emergency, Notify:

Name: _____ Relationship: _____
Address: _____ Phone: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____

Do You Have A Church Affiliation? Yes _____ No _____ If yes, please answer the following:
**Answering 'No' to this question will not determine your qualification to attend a mission trip.*

Church's Name: _____ Address: _____
Pastor's Name: _____ Phone: _____
How long have you attended/been a member of this church? _____

Please send completed applications and necessary documents to:

ATTN S. Paige Wirick
Angels of East Africa
Po Box 131
Central City, PA 15926

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